

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 147 ✓  
Registered No. 227

1. PLACE OF BIRTH

County Dila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City miami No. 711-A Line AOK St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ciriaco Pedrosa

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth Aug 8, 1925  
Month Day Year

8.

FATHER

Full name

Gerardo Pedrosa

14.

MOTHER

Full maiden name

Margdalena Ulloa

9. Residence

(Usual place of abode)

miami, Ariz.

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Ariz

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 23 (Years)

16. Color or race

Mexican

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Machine man  
Copper mine

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:40 P. m. on the date above stated  
(Born alive or stillborn.)

Signature

J. J. Smith

MD

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

miami, Arizona

Filed

Aug 23, 1925

C. E. Davis

Registrar

Registrar

371-808-441